

		<b>POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT</b>		REGION 6	SITE NUMBER (to be assigned by HQ) TX9989
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.					
GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-333), 401 M St., SW, Washington, DC 20460.					
I. SITE IDENTIFICATION					
A. SITE NAME BIG THREE INDUSTRIES, INC.			B. STREET (or other identifier) 11101 Todd		
C. CITY Houston TXD008066391		D. STATE TX	E. ZIP CODE 77055	F. COUNTY NAME Harris	
G. OWNER/OPERATOR (if known) 1. NAME Marien Johannesen			2. TELEPHONE NUMBER (713)868-0333		
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
I. SITE DESCRIPTION: An acetylene generating plant with two surface impoundments for the storage of hydrated lime.					
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) CERCLA TXS 1566				K. DATE IDENTIFIED (mo., day, & yr.) June 9, 1981	
L. PRINCIPAL STATE CONTACT 1. NAME Gary Schroeder, TDWR			2. TELEPHONE NUMBER (512)475-6371		
II. PRELIMINARY ASSESSMENT (Complete this section last)					
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR _____ b. WILL BE PERFORMED BY _____ <input type="checkbox"/> 3. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR _____ b. WILL BE PERFORMED BY _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)					
C. PREPARED INFORMATION 1. NAME: Thomas N. Smith <i>Thomas N. Smith</i> 2. TELEPHONE NUMBER: (214)742-4521    3. DATE (mo., day, & yr.): Feb. 11, 1983					
III. SITE INFORMATION					
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if under closure.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site has been observed, but occurred.)					
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit GC Code: 2813)					
C. AREA OF SITE (in acres) 7		D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec): 29° 47' 30" N    2. LONGITUDE (deg-min-sec): 95° 27' 30" W			
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Acetylene plant.					

 RECEIVED  
 MAR 25 1983

AUG 20 1982

REORGANIZED

 4-22-83  
 DATE

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking "X" in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DITCH	3. VOLATILE REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINES	5. TANK BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. NIGHT GUMMING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
	Two surface impoundments for storage of calcium hydroxide.	7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

The facility produces acetylene gas by mixing calcium carbide with water. The only wastes produced by the reaction is calcium hydroxide and water. The calcium hydroxide slurry is pumped into the impoundments, then sold for road stabilization. The water is recycled.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☒ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, invoices, etc. below.

Yes - production records.

2. Specify the amount/specify unit of measure of waste by category. Mark "X" to indicate which wastes are present.

A. SLUDGE	B. OIL	C. SOLVENTS	D. CHEMICALS	E. SOLIDS	F. OTHER
AMOUNT 100,000	AMOUNT None	AMOUNT None	AMOUNT None	AMOUNT None	AMOUNT None
UNIT OF MEASURE Cubic Feet	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
(1) PAINT RESIDUES	(1) OILY WASTES	(1) HALOGENATED SOLVENTS	(1) ACIDS	(1) FLYASH	(1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) PGM		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGES			(4) PESTICIDES	(4) FERROUS ENV. TS. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/DYES	(5) NON-FERROUS ENV. TS. WASTES	(5) OTHER (specify):
Calcium hydroxide (hydrated lime) and water.			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METAL		
			(11) OTHER (specify):		

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Calcium hydroxide

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

No wastes are disposed on site.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (RHS 'E')	C. ALLEGED INCIDENT (RHS 'E')	D. DATE OF INCIDENT (MM, DAY, YR)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPKING				
22. OTHER (SPECIFY):				



## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify): Solid waste 30642  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORAGE    ☐ 8. RCRA TREATMENT    ☐ 9. RCRA DISPOSER

☒ 10. OTHER (specify): RCRA TXD 000633545

B. IN COMPLIANCE?

- ☒ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

C. WITH RESPECT TO (list regulation name &amp; number):

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (month, day, & year)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
Disposal Compliance Monitoring Inspection	Feb. 4, 1982	State	In compliance.

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (month, day, & year)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.